



Maryland State Advisory Group - Three-Year Plan; January 1, 2021 – December 31, 2023

Program Area: Programs for Positive Youth Development

Goals: Support and assist system-involved and other at-risk youth in obtaining a sense of safety and structure, a sense of belonging and membership, a sense of self-worth and social contribution, a sense of independence and control over one's life, and a sense of closeness in interpersonal relationships.

Objectives:

- 1) Fund and support interventions and strategies that emphasize and build upon the assets and strengths of system-involved youth, rather targeting their risks and barriers alone.
- 2) Fund and support interventions and strategies that prioritize education and reentry services for system-involved youth as they work to achieve positive academic, career, and life outcomes.
- 3) Increase competence among youth justice program participants by helping youth to develop a positive view of one's skills and abilities, including social, academic, cognitive, personal, and vocational.

- 4) Increase confidence among youth justice program participants by emphasizing the importance of and helping youth to develop their internal sense of overall positive self-worth, identity, and belief in the future.
- 5) Increase connection and positive bonds between youth justice program participants and people and institutions, including peers, family, school, and community, that provide a sense of membership, safety, and belonging.
- 6) Support the development of youth character, including their recognition of societal and cultural rules, a sense of responsibility and accountability for one's actions, personal values, spirituality, and integrity.
- 7) Assist youth to develop caring and compassion, including a sense of sympathy and empathy for others, leading to a desire to contribute to their community and social issues.
- 8) Increase the use and adaptation of recognized Positive Youth Development models, such as the Positive Youth Justice Model¹, within new and existing programs serving justice involved youth.

Project Design and Implementation:

- Capacity building: Create, administer, and make available: Positive Youth Development (PYD) funding, and professional development and technical assistance opportunities to local government agencies, state agencies, state and local law enforcement, non-profit organizations, community based providers, and non-community based providers who are working to improve outcomes for children and youth within the juvenile justice system.

¹ <http://www.juvjustice.org/sites/default/files/resource-files/Positive%20Youth%20Justice.pdf>

- Broad Inclusion of Positive Youth Development approaches: Require that programs and strategies funded under this Solicitation incorporate, where applicable, PYD models, principles and practices into program design and implementation.
- Additional Measurement of Positive Youth Development: Mandate the collection of specific baseline and outcome PYD, such as those seen immediately below, across all applicable programs and strategies funded under this Solicitation.

Program Area: Diversion

Goals: In support of the Developmental Approach to Juvenile Justice Reform², Maryland's Juvenile Justice System will promote accountability without criminalization and provide alternatives to justice system involvement by supporting programs to divert youth from entering the juvenile justice system, including restorative justice programs such as youth or teen courts, victim-inmate mediation, and restorative circles.

Objectives:

1. Fund and support interventions and strategies that reduce the number of justice involved youth entering and/or remaining in the juvenile justice system by providing community based resources and support for youth and families; before, during, or immediately after certain contact with the juvenile justice system.
2. Fund and promote the use of alternatives to formal system processing via diversion programming that:
 - a. Provides access for justice involved-youth and their families to therapeutic responses for their actual or potential behavioral health needs, such as family

² National Research Council. (2014) *Implementing Juvenile Justice Reform: The Federal Role*. Committee on a Prioritized Plan to Implement a Developmental Approach in Juvenile Justice Reform, Committee on Law and Justice, Division of Behavioral and Social Sciences and Education Washington, DC: The National Academies Press.

discord, problematic sexual behaviors, domestic violence, learning and developmental disabilities, and youth with special needs and/or disabilities.

- b. Seeks to explore and address the underlying causes of behavioral challenges.
- c. Connects youth with trauma-informed and evidence based supports and interventions.
- d. Reconnects or preserves existing connections to educational programs and services.
- e. Are family-focused and designed to promote family and youth engagement.
- f. Reduce disparate outcomes by combining well-defined inclusion criteria and equitable, impartial referral practices, e.g., automatic diversion of individuals for eligible offenses.
- g. Aligns with the 7 hallmarks of the Developmental Approach to Juvenile Justice Reform
- h. Are rooted in or adapted to recognized positive youth development models, such as the Positive Youth Justice Model³.
- i. Decriminalize interpersonal conflict-related violations of the law and reduce unnecessary system involvement, by promoting the use of restorative responses such as community conferencing, restorative circles, essays, and victim involved services as opposed to formal system processing.

Project Design and Implementation:

Through support provided under this solicitation and in partnership with the Maryland Juvenile Justice Community, the Maryland State Advisory Group and partners will collaborate to create, administer, and make available: Diversion funding, and professional development and technical assistance opportunities for local government agencies, state agencies, state and local law enforcement, non-profit organizations, community- and non community-based providers working to improve outcomes for children and youth within the juvenile justice system. This

³ <http://www.juvjustice.org/sites/default/files/resource-files/Positive%20Youth%20Justice.pdf>

work will be achieved through grant making under this solicitation and other funding sources, in alignment with current reform initiatives such as the Juvenile Justice Review Council⁴ and its subsequent policy recommendations. Grant making will prioritize and remain focused on increasing the number of diversion programs that include specific restorative practices, and abide by the Developmental Approach.

Diversion-focused reforms recommended by the JJRC:

- Amending legislation to remove barriers to, and require the expanded use of informal adjustment and pre-court supervision.
- Narrow the definition of “delinquent act” in Maryland to exclude acts occurring in schools that have traditionally been treated as a matter of discipline and handled administratively.
- Eliminate the requirement that DJS must forward certain citations to the Office of State’s Attorney, allow for the use of citations for misdemeanor offenses, and allow for police citations to be resolved through police diversion or through complaints to DJS.
- Require The Governor’s Office of Crime Prevention, Youth, and Victim Services (the designated State Agency) to develop a model law enforcement diversion program, evaluate funding opportunities to support local diversion programs, and collect and evaluate data related to implementation of these diversion programs.

Program Area: Community-based alternatives (including home-based alternatives) to incarceration and institutionalization

Goals: In collaboration with State and local partners, develop and expand the array of youth justice-focused community-based services rooted in the balanced approach to restorative justice, that support accountability without criminalization, public safety, and competency development

⁴[Maryland Juvenile Justice Reform Council – Final Report – January 2021](#)

for youth with an emphasis on youth alleged to have committed or have been adjudicated of committing a violent offense.

Objectives:

1. Through funding and training and technical assistance opportunities, support and expand the array of community-based placement alternatives serving post-arrest and pre-adjudicatory populations.
2. Continue to decrease the use of congregate care, net widening and prevent unnecessary penetration into the juvenile justice system. This support and expansion will include a special emphasis on pre-adjudicatory youth
3. Broaden awareness of existing detention and placement alternative initiatives within Maryland's juvenile justice community by providing training and technical assistance to the Maryland SAG and service providers. Initiatives include the Juvenile Detention Alternatives Initiative (JDAI) and [JDAIconnect](#)⁵, a free online community open to all for resources, expert guidance and peer-to-peer learning.
4. The Governor's Office of Crime Prevention, Youth, and Victim Services (the Office) and Maryland SAG will continue to support and the [Juvenile Justice Reform Council](#) (JJRC)⁶, established via legislation and Governor Larry Hogan in 2019. The Chair of the JJRC is the Office's Executive Director, Glenn Fueston.

⁵JDAIconnect is a virtual destination — created by the Casey Foundation — for juvenile justice reformers to talk, find resources and learn. JDAIconnect is available to everyone — practitioners, policymakers, community-based organizations, advocates, youth, families, researchers and any others — who are interested in youth justice.

⁶ The JJRC is charged with, 1) Using a data-driven approach to develop a statewide framework of policies to invest in strategies to increase public safety and reduce recidivism of youth offenders; 2) Researching best practices for the treatment of juveniles who are subject to the criminal and juvenile justice systems; and 3) To identify and make recommendations to limit or otherwise mitigate risk factors that contribute to juvenile contact with the criminal and juvenile justice systems.

Project Design and Implementation:

Through support provided under this solicitation and in partnership with the Maryland Juvenile Justice Community, the Maryland State Advisory Group and partners will collaborate to create, administer, and make available: Funding, and professional development and technical assistance opportunities for local government agencies, state agencies, state and local law enforcement, non-profit organizations, community- and non community-based providers working to improve outcomes for children and youth within the juvenile justice system. This work will be achieved through grant making under this solicitation and other funding sources, in alignment with current reform initiatives such as the Juvenile Justice Review Council⁷ and its subsequent policy recommendations. Grant making will prioritize and remain focused on expanding the community-based service array available to justice involved youth at risk of placement in detention and committed programs.

Detention-focused reforms recommended by the JJRC:

- Require courts to consider the findings of a validated risk assessment when making a pre-adjudication detention decision, and review a child's detention status at least every 14 days.
- Require DJS to develop and submit a community release plan within 10 days of a decision to detain a child.
- Amend State law to prohibit the use of pre-adjudication detention for an offense that would be a misdemeanor if committed by an adult, with certain exceptions.

²[Maryland Juvenile Justice Reform Council – Final Report – January 2021](#)

- Require DJS to report to the Maryland General Assembly plans for implementing the following:
 - Publication of data by DJS related to overrides of the risk assessment tool in DJS' annual Data Resource Guide;c
 - Utilization of “community detention”, the development of forms that do not include total house arrests, and a requirement that DJS maintain a robust continuum of community-based alternatives to detention in every jurisdiction;
 - Access to mental health services for all young people, not only acute/crisis intervention, and mandate that detention facilities have mental health professionals on site at all times;
 - Quality, evidence-based programming for detained youth, including at least 3 hours of programing on school days and 6 hours of programing on non-school days, and including structured activities planned for every weekend, including activities that engage family members at least every other weekend;
 - The established criteria and use of electronic surveillance and community detention for children on probation;
 - Increasing the number of shelter beds available, especially beds available for young women; with a requirement that DJS regularly report how many nights children spend in detention after being ordered to shelter care;
 - Minimum standards for detention center staff training and require functioning security camera systems in all areas of DJS facilities;

- Minimum standards for family engagement at all facilities operated by DJS, including requirements for daily contact with family;
- Requiring and defining standards for defense counsel to access young people at every juvenile facility; and
- Adopting a cognitive behavioral therapy curriculum and restorative justice training for staff at every juvenile facility.

Commitment-focused reforms recommended by the JJRC:

- Amend State law to prohibit commitment of a child to DJS if the child is:
 - Adjudicated delinquent for an offense that would be a misdemeanor if committed by an adult, unless the adjudication is for a second or subsequent offense involving a firearm; or
 - Found in violation of community supervision for a technical violation.
- DJS should establish a plan to transition from the current slate of committed facilities to ensure every region has access to nonresidential and residential community-based services that employ evidence-based, culturally competent programming.
- DJS should ensure access to comprehensive educational programming in all DJS facilities.
- DJS should ensure that every DJS facility and contracted program offers access to Technical and Vocational Education and Training with highly qualified teachers and on-the-job training.

Program Area: Community-Based Programs and Services

Goals: Reduce the number of juveniles entering the juvenile justice system by providing supportive services within the communities in which they reside, decrease the juvenile recidivism rate, increase family support systems to decrease out-of-home placements, and increase cultural responsiveness within community-based programs and services.

Objectives:

1. Fund and enhance access/connectivity to behavioral health, intervention, and other applicable programming such as substance use, mental, and services to youth with disabilities.
2. Increase family engagement by supporting grant recipients dissemination of locally coordinated community-based resources and information on local care teams available in each jurisdiction.
3. Support and provide culturally responsive interdisciplinary training and technical assistance to community programs and education based stakeholders.
4. Support the success of youth in the community by increasing workforce training practice/placement and ensuring and reconnecting educational opportunities.

Project Design and Implementation:

1. Develop an increased awareness of family-based resources while increasing the number of programs that utilize restorative justice practices, while engaging in collaborations between local Colleges/Universities, K-12 schools, and religious institutions to develop partnerships, for the purpose of providing mentors and role models. Expanding youth

mentoring and peer support efforts by connecting existing resources to the community and local school districts.

2. Develop strategies to connect and engage families to existing community resources within their jurisdictions, and support programs that provide substance abuse education and treatment to school-age youth.
3. Reconnect youth to educational opportunities and foster communication for integrating into the workforce, while identifying resources for workplace training.
4. Identify programs that support non-English speaking youth and families, while supporting services/programming that will increase healthy Parent-Child interaction and Parental skill development as well as support for programs that provide service to children of incarcerated parents.
5. Provide technical assistance to Family Magistrates and police officers on the negative consequences of secure confinement for youth. Ensure programs work from a race and equity lens, engage youth advocacy groups and youth programs to participate in efforts to increase the awareness of racial and ethnic disparities (R/ED) and develop R/ED-related resources and materials for Spanish speaking families to be dispersed in the community and schools to educate families on R/ED and provide tips to prevent their children from coming in contact with the juvenile justice system.

In accordance with regulations which the Administrator shall prescribe, the State plan shall—

Describe how the state plan is supported by or takes account of scientific knowledge regarding adolescent development and behavior and regarding the effects of delinquency

prevention programs and juvenile justice interventions on adolescents; 34 U.S.C. § 11133(a).

Pursuant to Maryland Executive Order 01.01.2010.06, the Maryland State Advisory Group and the Governor’s Office of Crime Prevention, Youth, and Victim Services (the Office) are charged with implementing a three-year plan (“Plan”) for the State of Maryland. The focus of the Plan is implementing programs which are developmentally appropriate, enhancing the use of trauma-informed approaches, and raising awareness about the effects of Adverse Childhood Experiences and childhood trauma as well as Racial and Ethnic Disparities (RED). The plan is focused on and prioritizes initiatives and strategies that support the hallmarks of the Developmental Approach to Juvenile Justice Reform, which are: Accountability Without Criminalization; Alternatives to Justice System Involvement; Individualized Response Based on Assessment of Needs and Risks; Confinement Only When Necessary for Public Safety; A Genuine Commitment to Fairness; Sensitivity to Disparate Treatment, and; Family Engagement. The hallmarks of the Developmental Approach are supported by a continued focus on creating a continuum of care to meet the diverse needs of the youth served by Maryland’s juvenile justice system; continued collaboration with other State child-serving and public safety agencies; a focus on trauma-informed practices; and an effort to bring innovative programming and strategies to serve youth safely in the community.⁸

Provide for an equitable distribution of the award funds within the state, including in rural areas; 34 U.S.C. § 11133(a)(6).

⁸ National Research Council. (2014) *Implementing Juvenile Justice Reform: The Federal Role*. Committee on a Prioritized Plan to Implement a Developmental Approach in Juvenile Justice Reform, Committee on Law and Justice, Division of Behavioral and Social Sciences and Education Washington, DC: The National Academies Press.

Maryland is divided into 24 jurisdictions, all of which receive notice of funding availability and are eligible to submit funding applications. The annual SAG application review process considers the location and rural, semi-rural, or urban classification of counties that apply, among other elements. In instances where underrepresented regions submit funding applications, the Office and the SAG fully consider and prioritize adequate geographic representation when making awards.

Contain an analysis of gender-specific services for the prevention and treatment of juvenile delinquency; 34 U.S.C. § 11133(a)(7)(B)(i) and Contain a plan for providing needed gender-specific services for the prevention and treatment of juvenile delinquency; 34 U.S.C. § 11133(a)(7)(B)(ii).

Gender-Responsive Committed Programming: Previously operated as a secure detention facility for males, the J. DeWeese Carter Center was converted to a secure residential program in November 2011 to serve females ages 14-18 who were committed to DJS. The Center provided gender-responsive, trauma-informed programming and treatment services. In addition, the Center implemented STARR⁹, a behavioral modification program that establishes structure for an environment of respect and fairness conducive to treatment and rehabilitation. The Maryland State Department of Education provided academic and vocational services. The school provided a 12-month schedule that included six hours of daily instruction five days a week in English, mathematics, science, social studies, health, life skills, as well as individualized GED programs that prepared youth for successful completion of a high school diploma examination. Amidst COVID-19 related decreases to Maryland's committed youth population, this program was

⁹ A behavior modification program focused on improving youth behavior and maintaining safety and security for youth in DJS detention facilities. It helps youth develop positive behaviors through a system of rewards and support and teaches youth to take responsibility for their behavior. In DJS committed facilities the program has been updated to incorporate PBIS principles in 2018.

closed on June 30, 2020, and the population was moved to Mountain View on June 19, 2020. Mountain View is a new staff secure, female-only program on the grounds of Backbone Mountain Youth Center with a capacity of 6 females.

Community-Based Gender-Responsive Services: The Maryland Department of Juvenile Services remains committed to examining the needs of girls in Maryland's juvenile justice system. The Department's January 2019 legislative report, *Services for DJS-Involved Girls*¹⁰ inventories the programs and services available to meet those needs at the primary points of contact within the juvenile justice system. Key takeaways from the report include:

- A 2018 statewide study of community services utilized by DJS at the point of intake revealed that of the 368 programs that provide community services to youth and families pre-adjudication, the vast majority of community programs (96%) serve both girls and boys. Of those 368 programs, 2 serve boys only and 12 only serve girls. It is important to note that some programs provide multiple services (e.g., mental health counseling and substance use disorder counseling). Over 500 services are provided by the 368 identified programs.
- In 2018, an Assessment of Post-Adjudication Community Services Gaps was conducted by surveying Department of Juvenile Services staff. The most common service gaps for girls reported by staff included: (1) Life skills / mentoring (12 of 24 counties); (2) Services for teenage pregnancy / teenage parenting (8 of 24 counties); (3) Gender-responsive programs, such as Girls Circle (8 of 24 counties); and (4) Human sex trafficking victim services (6 of 24 counties).

¹⁰ <https://djs.maryland.gov/Documents/publications/DJS-Services-DJS-Involved-Girls-Jan-2019.pdf>

Contain a plan for providing needed services for the prevention and treatment of juvenile delinquency in rural areas; 34 U.S.C. § 11133(a)(7)(B)(iii).

Rural jurisdictions share common characteristics that set them apart from their suburban and urban counterparts, such as geographic isolation, lack of transportation, and lack of access to and availability of health care. The state definition of rural is articulated in the Annotated Code of Maryland and includes 18 of the 24 jurisdictions in Maryland. The Department of Juvenile Services is required, by statute, to have a secure juvenile detention facility in each region.

The State Advisory Group ensures that rural community needs are met by providing funding to those communities to address juvenile justice issues. The State Advisory Group recognizes that needs vary from jurisdiction to jurisdiction and is sensitive to those needs. The State Advisory Group has created a Recruitment, Training and Regionalization subcommittee to ensure that the membership is diverse and that both rural and urban communities are represented. This also includes outreach for partnerships in the rural parts of the state through on-site visits. Maryland is divided into 24 jurisdictions, all of which are encouraged to submit funding applications. The annual SAG application review process includes consideration of which counties have applied for funding, including their designation as rural or metropolitan areas. Typically, applications are not received from all of Maryland's jurisdictions, however in such instances where underrepresented regions submit funding applications, the Office and the SAG fully prioritize adequate geographic representation when making awards. For state fiscal year 2022, Title II funds were awarded to 7 jurisdictions that applied. Of those 7 jurisdictions, 1 is classified as urban, 2 are rural, and 4 are semi-rural.¹¹

Contain a plan to provide alternatives to detention for status offenders, survivors of commercial sexual exploitation, and others, where appropriate, such as specialized or

¹¹ <https://rural.maryland.gov/the-rural-maryland-council/>

problem-solving courts or diversion to home-based or community-based services or treatment for those youth in need of mental health, substance abuse, or co-occurring disorder services at the time such juveniles first come into contact with the juvenile justice system; 34 U.S.C. § 11133(a)(7)(B)(iv).

When law enforcement makes contact with a child who may be in need of supervision, the Officer will in most cases return the child to their home. In cases where a child is detained in a secure adult lockup, the child is placed in a non-secure and non-residential part of the building. The Maryland Department of Juvenile Services (DJS) has adopted and fully embraced a least restrictive approach when responding to allegations of delinquency throughout every element of its contact with youth, beginning at intake. Alternatives to detention are the favored and most often used manner of handling for DJS referrals. DJS does not allow for the detention of youth on the sole basis of status offenses. *“To aid decision-making regarding the appropriateness of secure detention, [DJS] uses a Detention Risk Assessment Instrument (DRAI) during the intake process to objectively assess the degree to which youth pose a public safety and/or flight risk (i.e., reoffend and/or fail to show up for court). Risk scores calculated by the DRAI are used to create a recommendation for release, community-based alternative to detention (ATD), or secure detention. All ATD and secure detention decisions made by DJS are reviewed by the court on the next business day.”*¹²

The Department of Juvenile Services (DJS) is authorized to detain youth who are alleged to have committed a delinquent act on a limited basis pending Court review. Youth who present to DJS who are/may be a victim of Domestic Minor Human Sex Trafficking (DMHST) may not be detained based solely on that designation / circumstance.

¹² [Betsinger, S.A., Farrell, J., & Irvine, J. \(2019\). Detention Risk Assessment Instrument \(DRAI\) Validation Study. Baltimore, Md.: The Institute for Innovation & Implementation. p.3](#)

When staff at intake or during supervision have information that indicate a youth may be a victim of DMHST, staff must immediately complete a report of suspected child abuse and neglect, and complete a DMHST screening tool that mandates referrals to specialized treatment providers and/or the DJS Victim Services Coordinator. ([Community Case Management Policy & Manual, CS-103-13](#), p.13)

Contain a plan to reduce the number of children housed in secure detention and corrections facilities who are awaiting placement in residential treatment programs; 34 U.S.C. § 11133(a)(7)(B)(v).

The Department of Juvenile Services seeks to reduce the number of children in secure detention and correctional facilities who are awaiting placement in residential treatment facilities via the Multi-Disciplinary Assessment Staffing (MAST) Team, which is a specialized diagnostic team responsible for assessing youth who are detained pending court disposition and are at risk of placement. The MAST team participates in the placement process for youth who are detained pending initial placement, and youth who were unsuccessful / ejected from placement. Youth who are ejected or unsuccessfully discharged from placements and enter detention can experience lengthy detention stays while additional placement is sought. This highlights the importance of ensuring that youth enter the most appropriate placement from the outset. Staffed by a psychologist, social worker, substance abuse counselor, community case manager, detention facility case manager supervisor, resource specialist, and an education representative, the goal of MAST is to fully assess and evaluate each youth to determine precise treatment needs and better advise residential placement selection thereby improving the likelihood of placement success. The MAST process is used for both youth who are newly committed and pending placement, and also for youth who are ejected from and in need of new placement.

Contain a plan to engage family members, where appropriate, in the design and delivery of juvenile delinquency prevention and treatment services, particularly post-placement; 34 U.S.C. § 11133(a)(7)(B)(vi).

The Department of Juvenile Services uses research-supported, community-based family therapy programs to address the needs of youth, and to reduce further system involvement and out-of-home placements. Evidence-Based Services (EBS) constitute those designated as “model” programs by Blueprints for Healthy Youth Development (Center for the Study and Prevention of Violence at the University of Colorado Boulder) and currently include Functional Family Therapy (FFT) and Multisystemic Therapy (MST). These services are family-based therapeutic models shown to be effective with youth involved with the juvenile justice system. In addition, Family Centered Treatment (FCT), provided by the Institute for Family Centered Services, Inc., is a family preservation model of in-home treatment, which helps families to learn and adopt positive behavioral patterns. At the time of placement to a community-based family therapy program, 51.2% of youth were under probation, 29.0% were on aftercare supervision, 13.5% were under pre-court supervision, and 6.3% were referred by DJS Intake without a formal supervision status.

Table 1. Community-Based Family Therapy Placements and ADP by Program, FY 2020

EBS Providers		County/Region	Place.	ADP
FFT	Center for Children, Inc.	Anne Arundel	35	12.3
		Calvert	10	4.2
		Charles	25	6.7
	VisionQuest National	St. Mary's	20	6
		Baltimore Co.	17	5.1
		Carroll	4	1.4
		Harford	8	3.2
		Howard	11	6.4
		East Shore	41	18.5
		Montgomery	20	6.8
		Pr. George's	30	11.3
MST	Community Counseling and Mentoring Service, Inc.	Montgomery	3	1.0
		Pr. George's	29	8.7
	Community Solutions, Inc.	Baltimore Co.	12	4.8
	Way Station, Inc.	Frederick	11	3.3
		Washington	9	1.8
		Baltimore City	77	20.0
		Baltimore Co.	46	17.8
		Carroll	15	7.3
		Harford	7	2.1
		Howard	6	1.6
		Allegany	10	4.0
		Frederick	26	7.8

Community-Based Family Therapy Program Placements (FY 2020):

- 35.0% of placements were to FFT.
- 10.1% of placements were to MST.
- 54.8% of placements were to FCT.

Most Common Offense Type (FY 2020):

- FFT was Second Degree Assault (28.5%).
- MST was Second Degree Assault (34.4%).
- FCT was Second Degree Assault (23.7%).

Completion Status According to Program Specific Criteria (FY 2020)*:

- 86.6% of youth discharged from FFT completed the program.
- 67.3% of youth discharged from MST completed the program.
- 57.7% of youth discharged from FCT completed the program.

**Note that these percentages reflects only cases discharged at therapist discretion.*

The Department of Juvenile Services (DJS) recognizes that family engagement is critical to positive outcomes for youth involved in the juvenile justice system. Keeping families engaged and informed throughout the legal process is a priority for the Department. The Department's Office of Family Engagement works to ensure family members are knowledgeable about their loved one's detainment, court orders, treatment, supervision, and re-entry into their communities and schools. It also promotes the active participation of families in the process to support youth and reduce their risks for recidivism, via meaningfully engaging their perspectives and feedback on decision making at multiple stages of juvenile justice contact. This is achieved through quarterly live streams with DJS leadership, webinars explaining aspects of the youth justice system, a monthly support group for families experiencing different phases of the system, and periodic family surveys at various points of system contact for feedback. The goal is for all families to feel empowered to move forward successfully, without DJS, once all system involvement has ended.

The engagement of family members in the design and delivery of juvenile delinquency prevention and treatment services is primarily achieved via Treatment Service Planning. A Treatment Service Plan (TSP) is required of all adjudicated delinquent youth placed under the formal supervision of DJS. The TSP is a written document developed jointly with the youth and the youth's parents/guardians/custodians, and, for youth in DJS committed programs, the

Treatment Team, which identifies the treatment goals, objectives, services, and service linkages. This document requires updates and consultation anew with parents/guardians/custodians every 90 days throughout the course of supervision for youth not in placement.

For youth in out-of-home placements the TSP shall include documentation that the the case manager has collaborated with the youth and the youth's parent/guardian/custodian to design the TSP to achieve, where required, a safe and appropriate placement for the youth in the least restrictive setting available and in close proximity to the home of the parent / guardian / custodian. The TSP for youth in out-of-home placements must also contain documentation that the case manager has discussed with the youth and the youth's parent/guardian/custodian how the placement is consistent with the best interests and special needs of the youth or, if the youth has been placed a substantial distance from the parent/guardian/custodian home, the reasons why such a placement is in the best interests of the youth. The Treatment Team shall complete monthly reviews of the TSP to document each youth's progress, and to revise or modify the TSP, as needed. At least 30 days prior to placement release, the facility case manager shall schedule a Treatment Team meeting to complete a Re-entry/Transition Plan (discharge and aftercare planning) for each youth. The plan shall be completed by the treatment team, the community case manager, and the youth's parent/guardian/custodian. The Re-entry/Transition Plan shall include a well-defined and coordinated plan for housing, education, employment, counseling and medical services as appropriate.

Contain a plan to use community-based services to respond to the needs of at-risk youth or youth who have come into contact with the juvenile justice system; 34 U.S.C. § 11133(a)(7)(B)(vii).

At the system-level, DJS implemented the Behavioral Health Diversion Initiative which

is intended to screen and divert low-risk youth with behavioral health issues from further involvement in the juvenile justice system at the point of intake; the Crossover Youth Practice Model which is designed to address the unique needs of youth who are at risk of or are already involved in both the child welfare and juvenile justice systems; and the Family Peer Support Network which is expected to help youth and families connect to services and navigate the juvenile justice system.

Behavioral Health Diversion Initiative (BHDI) DJS implemented the Behavioral Health Diversion Initiative (BHDI) to screen and divert low-risk youth with behavioral health needs from juvenile justice system involvement. The pilot program was implemented in Baltimore City and Wicomico County in 2017 and has recently expanded to four additional counties (Prince George's, Montgomery, Carrol, and Calvert). Youth are assessed at the point of intake and linked to the appropriate services in the community, thereby diverting them from further juvenile justice system involvement

Cross-Over Youth Practice Model The Department partnered with the Maryland Department of Human Resources (DHS), the Maryland Judiciary, Georgetown University and others to implement the Crossover Youth Practice Model (CYPM). CYPM is designed to address the unique needs of youth who are at risk of or are already involved in both the child welfare and juvenile justice systems. CYPM is currently operational in Prince George's and Montgomery counties. DJS and DHS have jointly funded an expansion of this program to include eight new jurisdictions between 2018 and 2019. Additional jurisdictions will include Allegany County, Baltimore City, Baltimore County, Carroll County, Frederick County, Harford County, Howard County, and Washington County. This initiative is pertinent to girls as research suggests that girls

account for a larger share of the dually-involved population than the population of youth involved exclusively with the juvenile justice system.¹³

Family Peer Support Network: The Department is in the initial stages of a major reform effort to implement a network of family peer support specialists. Family peer support specialists will help DJS-involved youth and families connect to services and navigate the juvenile justice system. This network will be implemented in the following five jurisdictions: Anne Arundel County, Baltimore City, Baltimore County, Prince George's County and Wicomico County.

Contain a plan to promote evidence-based and trauma-informed programs and practices; 34 U.S.C. § 11133 (a)(7)(B)(viii).

As noted in the Department of Juvenile Services' [Substance Abuse Treatment Services Policy BH-207-18](#) under *Provision of Substance Abuse Treatment Services in Committed Facilities*, the appropriate behavioral health staff shall complete a behavior health plan component of the Treatment Service Plan (TSP) for each youth receiving regular services from a qualified behavioral health professional (QBHP). The plan will include, as appropriate, individualized treatment goals and objectives for the provision of alcohol and drug treatment services, relapse prevention and discharge planning. The plan will be completed in collaboration with the Treatment Team, the youth, the youth's parent/guardian/custodian, and the Community CMS within 30 calendar days of initiation of treatment and be revised as needed. A qualified behavioral health practitioner shall ensure that all therapeutic services utilize evidence-based practices.

Behavioral Health Screenings are provided for all youth entering DJS facilities. Included

¹³ Sherman, F. T & A. Balck (2015). Gender Injustice: System-Level Juvenile Justice Reforms for Girls. In partnership with: The National Crittenton Foundation and The National Women's Law Center.

in the screening process is an assessment of youth's trauma history, including physical, sexual, emotional abuse or neglect, history of sex trafficking or prostitution, and a history of sexually transmitted diseases, or (if female) pregnancy.

The Multi-Disciplinary Assessment Staffing (MAST) Team process described above requires an examination of youth's current presentation and background records by the mental health professionals conducting evaluations. These examinations explore the identification of youth trauma history, including approximate dates of "traumatic" events the youth has been exposed to, ascertaining and document the emotional, cognitive, and behavioral ramifications of these traumatic experiences, screening and documenting the presence of DSM 5 trauma symptoms, exploring youth history as a victim of physical, sexual, emotional abuse, or abandonment, grief/loss issues, witnessing violence, victim of natural disaster, fire setting, animal cruelty, aggression; and history of removal from home by DSS now or in the past.

Lastly, the State Advisory Group encourages the use of evidence-based and trauma informed programs through the Title II Formula Grant Notice of Funding Availability (NOFA). Applicants who propose evidence-based and/or trauma informed programs receive priority consideration for funding.

Contain a plan that shall be implemented not later than December 21, 2020, to—

- i. Eliminate the use of restraints of known pregnant juveniles housed in secure juvenile detention and correctional facilities during labor, delivery, and postpartum recovery, unless credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others.**
- ii. Eliminate the use of abdominal restraints, leg and ankle restraints, wrist restraints behind the back, and four-point restraints on known pregnant juveniles, unless— (a) credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or (b) reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method; 34 U.S.C. § 11133(a) (7)(B)(ix).**

Department of Juvenile Services policy permits mechanical restraints for all youth only during secure transports, however, “[w]hen [a] youth is known to be in the 3rd trimester of pregnancy, all mechanical restraints are prohibited; to include, during all transports, labor, delivery or postpartum recovery, unless the Superintendent in consultation with the Medical Director determines credible, reasonable grounds exist to believe the youth presents an immediate and serious threat of hurting herself, staff, or others” ([Transportation of Youth, RF-738-17](#), p.4)

The Department of Juvenile Services policies referenced below permit restraints for all youth only during secure transports, prohibit four and five-point restraints, and do not permit abdominal restraints, leg and ankle restraints, wrist restraints behind the back, and four-point restraints on known pregnant juveniles. In addition, “[p]regnant youth may be restrained using handcuffs only, which must be secured in front of the youth...”. ([Female Health Care, HC-335-18](#), p.5 and [Restraint RF-718-18](#) p.2)

Provide for the coordination and maximum utilization of evidence-based and promising juvenile delinquency programs, programs operated by public and private agencies and organizations, and other related programs (such as education, special education, recreations, health, and welfare programs) in the state; 34 U.S.C. § 11133(a)(8).

Evidence-based services (EBS) have been shown through rigorous evaluation to reduce recidivism and address problem behavior among youth involved in the juvenile justice system. Two EBS programs are available to DJS youth and described in detail above: Functional Family

Therapy (FFT)¹⁴ and Multisystemic Therapy (MST)¹⁵. A third community-based program, Family Centered Treatment (FCT), is also offered. Note, however, that FCT has not yet been classified as an EBS.¹⁶ All three of these programs are family-based interventions where therapists meet with youth and families in their homes or communities. DJS youth typically participate in these programs while under probation or aftercare supervision¹⁷. However, they are sometimes used at the point of DJS intake during pre-court supervision. During FY 2018, 56.4% of youth placed in an EBS program were on probation supervision; 28.1% were on aftercare supervision; and 11.5% were on pre-court supervision¹⁸. The average length of stay in an EBS varies by program.

	Evidence-Based Services in the Community, FY 2018				
	Number of Providers	Serves Boys and Girls	Number of DJS-Funded Slots	Jurisdictions Served	
				DJS Region	County
Functional Family Therapy (FFT)	2	2	185	Baltimore City Central Eastern Southern Metro	All Counties except: Allegany Frederick Garrett Washington
Multisystemic Therapy (MST)	3	3	44	Central Western Metro	Baltimore County Frederick Washington Montgomery Prince George's

¹⁴ See Farrell, J., Cosgrove, J. Strubler, K, Betsinger, S. Mayers, R. Lowther, J., & Zabel, M. (2017). Multisystemic Therapy in Maryland: FY2016 Implementation Report. Baltimore, MD: The Institute for Innovation & Implementation for more information on Multisystemic Therapy.

¹⁵ See Farrell, J., Cosgrove, J. Strubler, K, Betsinger, S. Mayers, R. Lowther, J., & Zabel, M. (2017). Multisystemic Therapy in Maryland: FY2016 Implementation Report. Baltimore, MD: The Institute for Innovation & Implementation for more information on Multisystemic Therapy.

¹⁶ See University of Colorado, Center for the Prevention of Violence, Blueprints for Healthy Youth Development registry. Available at: <http://www.blueprintsprograms.com/>

¹⁷ Following discharge from a residential placement, youth are placed on aftercare supervision.

¹⁸ Note that an additional 4% of youth were referred to an EBS by DJS intake without a formal supervision status.

Family Centered Treatment (FCT)	1	1	150	All regions	All Counties
Statewide Total	6	6	379	All regions	All Counties

Provide for procedures to be established for protecting the rights of recipients of services and for assuring appropriate privacy with regard to records relating to such services provided to any individual under the State plan 34 U.S.C. § 11133(a)(18).

General conditions apply to all grants funded by the Governor’s Office of Crime Prevention, Youth, and Victim Services, regardless of funding source, unless specifically stated otherwise. The privacy of recipient information and records is required per special condition #23; *“The subrecipient must comply with federal regulations and state laws concerning the privacy and confidentiality of client records, including statistical information gathered for research purposes.”*¹⁹ In addition, the Office uses a subrecipient questionnaire as a post award monitoring tool to determine appropriate monitoring levels, and reviews policies and procedures onsite during onsite visits, desk reviews, and audits.

Provide that the designated State agency will:

- i. To the extent practicable give priority in funding to programs and activities that are based on rigorous, systematic, and objective research that is scientifically-based:**

A competitive grant program, Maryland’s NOFA for Title II funds requires and the SAG’s review process ensures that successful applications are based on a clear understanding of the local population, including a discussion of the data (including sources) for the populations impacted by the proposed activity, and considers best practices and evidence-based approaches in program implementation. Bonus points are awarded to applicants who propose to implement

¹⁹ <http://goccp.maryland.gov/wp-content/uploads/general-conditions.pdf>

an evidence-based, promising, or proven program. Applicants are encouraged to review national best practices and evidence-based, proven, and promising program examples in selecting a strategy for implementation by visiting OJJDP's Model Program Guide.²⁰ Applicants must also provide details on how they will maintain fidelity to the proposed evidence-based, promising, or proven program.

- ii. From time to time, but not less than annually, review its plan and submit to the Administrator an analysis and evaluation of the effectiveness of the programs and activities carried out under the plan, and any modifications in the plan, including the survey of State and local needs, that it considers necessary 34 U.S.C. § 11133(a)(22).**

For the current 2021-2023 3-Year plan, the SAG is currently considering options to conduct an analysis and evaluation of the effectiveness of the Plan's programs and activities. The SAG is considering various evaluation types that could be done, including a formative evaluation, selecting a representative sample of programs through a competitive NOFA process for an evaluation, and/or selecting one of the purpose areas and evaluating all of the programs within. The Office and the SAG are interested in evaluating program effectiveness and will submit to the Administrator analyses and evaluations of program effectiveness annually.

Provide for the coordinated use of funds provided under the award with other Federal and State funds directed at juvenile delinquency prevention and intervention programs; 34 U.S.C. § 11133(a)(28)

Maryland's Children's Cabinet²¹ is chaired by Glenn Fueston, Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services (the designated state agency). The Children's Cabine coordinates the child and family-focused service delivery system

²⁰ <http://www.ojjdp.gov/mpg/>

²¹ <http://goccp.maryland.gov/mdchildrenscabinet/>

by emphasizing prevention, early intervention, and community-based services for all children and families. The Children's Cabinet includes the Secretaries from Maryland's child-serving agencies, including the Departments of Budget and Management; Disabilities; Health; Human Services; and Juvenile Services; as well as the State Superintendent of Schools for the Maryland State Department of Education.

The Children's Cabinet priorities for funding are aligned with Maryland Governor Larry Hogan's strategic vision, and include: increasing trauma-informed services and mitigating the impacts of Adverse Childhood Experiences (ACEs); reducing the impact of parental incarceration on children, youth, families, and communities; reducing youth homelessness; improving outcomes for disconnected and opportunity youth; reducing childhood hunger; increasing opportunities for diversion from the juvenile justice system; and preventing out-of-state placements.

The Children's Cabinet works closely with and funds Local Management Boards²², which are located in each of Maryland's 24 jurisdictions to develop the programs and strategies needed to address local community needs and provide resources for children and families in their jurisdiction. Local Management Boards bring together local child-serving agencies, child providers, youth, families, and communities to make decisions about local priorities and how resources are deployed to address local needs.

In 2019, Maryland's Children's Cabinet provided \$19.5 million from the Children's Cabinet Interagency Fund to Local Management Boards that supported 126 community-based programs focused on improving outcomes for Maryland's children and their families.

²² <http://goccp.maryland.gov/local-management-boards/>

An example of coordinated funds is the Crossover Youth Practice Model (CYPM), a collaboration between the Maryland Department of Juvenile Services, the Maryland Department of Human Resources (DHS), the Maryland Judiciary, and the Georgetown University Center for Juvenile Justice Reform, local governments, and others. CYPM is designed to address the unique needs of youth who are at risk of or are already involved in both the child welfare and juvenile justice systems. CYPM is currently operational in 8 Maryland Jurisdictions and DJS and DHS have jointly funded an expansion of this program to include additional jurisdictions.

Describe policies, procedures, and training in effect, if any, for the staff of juvenile state correctional facilities to eliminate the use of dangerous practices, unreasonable restraints, and unreasonable isolation, including by developing effective behavior management techniques; 34 U.S.C. § 11133(a)(29).

The Department of Juvenile Services (DJS) has adopted the use of Crisis Prevention Management (CPM) Techniques including physical restraint methods, protocols, maneuvers and procedures that are authorized by the Department for training, certification and use by designated employees. These physical restraint techniques are used to manage the behavior, restrict or restrain movement or actions of youth. These CPM techniques are the authorized and trained restraint techniques to be used by staff in DJS operated facilities and programs, and in no event are physical force or mechanical restraints justifiable as punishment. CPM training is mandatory for all direct-care staff and requires that staff attempt to incrementally exhaust preventive interventions to de-escalate and defuse a potential crisis. Facility staff must utilize the behavior management de-escalation strategies to encourage positive youth responses, and defuse situations prior to using restraints, as appropriate. Approved CPM techniques are only permitted as a last resort when youth pose an imminent risk of harm to self/others, attempt escape, and/or

attempts to destroy property. CPM allows only the minimum use of force reasonable and necessary to restrain a youth. CPM also requires that staff call for additional staff before initiating a restraint and that senior staff lead and direct actions of other staff. Restraints must begin in a standing position and staff must avoid floor or ground restraints wherever possible. If a ground restraint becomes necessary, the staff's body weight during the hold must be positioned to the side of the youth's body and not directly on top of the youth. The use of physical and mechanical restraints must be documented via incident reporting and facility logs. The following are prohibited: four and five point restraints, chemical agents to control youth, prone position restraints, and medical restraints such as chemical restraints (sedatives) and straightjackets.

Seclusion is defined by the Department of Juvenile Services as the placement of youth in a locked room, and requires that staff incrementally exhaust a number of preventive interventions prior to use. Seclusion may not be used as punishment or a disciplinary sanction and is limited to instances when youth present a risk of harm to self or others, are unresponsive to less restrictive measures, and have escaped or are attempting to escape. To warrant against unreasonable seclusion, the period of seclusion shall not be a predetermined amount of time and youth must be removed from seclusion once they have de-escalated. Numerous controls are required per [Seclusion, RF-720-18](#), with respect to the seclusion location and physical requirements, including room size, lighting, ventilation, doors and windows, cleanliness, and documented observations by staff every 10 minutes. DJS facilities do not have dedicated security rooms. Numerous seclusion-related personnel mandates are in place including extensive documentation and reporting requirements, superintendent approval for continued seclusion, and required visits during the period of seclusion from behavioral health staff, nursing staff, the facility

superintendent, a spiritual advisor and/or the youth's case manager.

Describe:

- i. The evidence-based methods that will be used to conduct mental health and substance abuse screening, assessment, referral, and treatment for juveniles who—**
 - a. request a screening;**
 - b. show signs of needing a screening; or**
 - c. are held for a period of more than 24 hours in a secure facility that provides for an initial screening; and**
- ii. How the state will seek, to the extent practicable, to provide or arrange for mental health and substance abuse disorder treatment for juveniles determined to be in need of such treatment; 34 U.S.C. § 11133(a)(30).**

Screening, Assessment and Treatment Services for Detention Centers: At admissions all youth receive a medical assessment for referral as appropriate to a drug and alcohol crisis-intervention program appropriate to the needs of the individual youth. Admissions Officers or designees administer a substance abuse screening to all youth admitted to the facility (SASSI-A2 or a screening tool approved by the Behavioral Health Director) within two (2) hours of the youth's admission. Qualified behavioral health professionals (QBHP) score and review the SASSI-A2 by the close of the next business day to determine if the youth has a high probability of having a substance use disorder. If the score is invalid or the youth refuses to be screened, a QBHP shall re-administer the SASSI-A2 or consider further assessment of the youth. When a youth is screened and identified as having a high probability of a substance use disorder, a QBHP administers a Behavioral Health Intake Assessment. The assessment shall consist of the administration of an empirically valid, reliable, and culturally sensitive differential diagnostic and/or impression assessment, such as the American Society of Addiction Medicine (ASAM PPC-2R) placement criteria instrument, a structured interview and if needed, a recommendation for the appropriate level of substance abuse treatment with the appropriate DSM-5 or ICD-10

diagnosis. The QBHP provides the completed Behavioral Health Intake Assessment (to include screening and assessment results) to the Community and Detention Facility Case Management Specialists (CMS) within seven (7) calendar days from the date of the youth's admission. If the youth is being readmitted to the same facility or admitted to a different facility within thirty (30) calendar days of the youth's last discharge or has received an assessment by a QBHP within thirty (30) days, the prior assessment may be reviewed, updated and provided. The QBHP ensures that all youth receive substance abuse prevention education as part of a psycho-education curriculum. At a minimum, the curriculum shall be structured in four-week intervals and the group topics shall consist of: the disease of addiction, including stages of recovery and relapse prevention and management, the pharmacology of substance abuse, the process of addiction, the nature of the addicted family, high risk behavior/consequences, i.e., somatic health, legal and emotional issues related to substance abuse, other social problems and defense mechanisms, treatment resources include treatment modalities for adolescents and adults and support services to include club houses and the introduction to self-help groups as an adjunct to treatment groups such as AA, NA etc.

Screening, Assessment and Treatment Service Procedures for Committed Programs: A QBHP ensures that all youth admitted to DJS committed facilities receive screening and assessment for behavioral health issues and referrals for additional treatment services when appropriate. All instruments for screening and assessment will be psycho-metrically reliable, valid, and culturally sensitive and approved by the Behavioral Health Director. The following screening and assessment instruments are approved: MAYSI-2, SASSI-A2, ASAM-PP-2, Behavioral Health Intake Assessment completed by an QBHP that will include the following

youth history: biological, psychological, social criminal, educational, physical, somatic health, employment. A QBHP completes a Behavioral Health Intake Assessment for each youth who is screened and identified as having a substance use disorder, unless the youth is being readmitted to the same facility or admitted to a different facility within thirty (30) calendar days of the youth's last discharge or has received an assessment by a QBHP within the last thirty (30) calendar days, in which case the prior assessment may be reviewed and updated. The Behavioral Health Intake Assessment consists of the administration of an empirically valid, reliable, and culturally sensitive differential diagnostic and/or impression assessment, such as the American Society of Addiction Medicine (ASAM PPC-2R) placement criteria instrument and a structured interview. Recommendations for the appropriate level of substance abuse treatment and a needs assessment that assesses the following areas: physical health, employment or financial support, drug and alcohol use, treatment history, legal, family and social, and educational. The treatment program's ASAM level of care shall determine when the Behavioral Health Intake Assessment results shall be completed and provided to the Community and Facility Case Management Specialists. Psychological, psychiatric, psycho-educational, assessments, etc. will be conducted based on the youth's needs.

Describe how reentry planning by the state for juveniles will include— A written case plan based on an assessment of needs that includes— (i) the pre-release and postrelease plans for the juveniles; (ii) the living arrangement to which the juveniles are to be discharged; and (iii) any other plans developed for the juveniles based on an individualized assessment; and Review processes; 34 U.S.C. § 11133(a)(31).

Release Authority: The committing court is the releasing authority and may set forth specific behavioral expectations for release. The facility Case Management Specialist (CMS)

shall work closely with the community CMS to provide requested information to the releasing authority.

Release Programming: During the admission and orientation process youth shall be given information verbally and in writing that clearly identifies desired behaviors and incentives and unacceptable behaviors and consequences. The behavior management program shall clearly define a system of incentives and progress measures when expected behavioral goals are achieved.

In accordance with Assessment and Treatment Services Plan Policy and Procedures, an individualized treatment plan shall be developed for each youth. The plan shall clearly identify the treatment service needs of youth and the goals to be achieved to earn a recommendation for release. Each youth's progress toward achievement of service goals shall be assessed by the treatment team monthly. The youth's progress shall be documented on the treatment service plan which shall be shared with the youth, the youth's parent/guardian/custodian and the community case management specialist. This information is readily available to the community case management specialist via a shared electronic record. The community CMS shall provide this information to the releasing authority as requested.

Release programming shall be in accordance with the youth's individualized treatment service plan (TSP) which shall include a component for transitioning to the community. In accordance with the TSP, youth shall receive individual and family counseling as appropriate. As approved by the release authority, youth may be granted home passes. The facility treatment team shall help prepare youth for home passes and shall assess the youth's compliance with expectations during the home pass.

At least 30 days prior to release, the facility CMS shall schedule a Treatment Team meeting to complete a Re-entry/Transition Plan for each youth. The plan shall be completed by the treatment team, the community CMS, and the youth's parent/guardian/custodian. The Re-entry/Transition Plan shall include a well-defined and coordinated plan for housing, education, employment, counseling and medical services as appropriate. A youth's recommendation for release shall be approved by the Treatment Team, and be reviewed and approved by the Facility Review Committee and the Superintendent. The facility CMS shall complete and provide a discharge summary which summarizes the youth's accomplishments in placement, and the youth's continuing service needs. The discharge summary shall be forwarded to the community CMS and shall be shared with the releasing authority.

Describe policies and procedures, if any, to-

- 1. Screen for, identify, and document in records of the state the identification of victims of domestic human trafficking, or those at risk of such trafficking, upon intake; and**
- 2. Divert youth described in subparagraph (A) to appropriate programs or services, to the extent practicable; 34 U.S.C. § 11133(a)(33).**

Domestic Minor Human Sex Trafficking (DMHST) is the recruitment, harboring, transportation, provision, or procurement of a person for the purpose of a commercial sex act where the person is a U.S. citizen or a lawful permanent resident and is 21 years old or younger. According to DJS [Intake Policy, CS-122-17](#), if a DJS case manager or supervisor has information which indicates a youth appearing for an intake conference or under the supervision of DJS may be involved as a victim of DMHST, the case manager or supervisor shall immediately report the involvement as sexual abuse in accordance with the Reporting and Investigating Child Abuse and Neglect Policy and complete a Tier I DMHST Screening Tool. If the Tier 1 screening

indicates that a particular youth may be a victim of DMHST, the youth shall be referred to the designated community based provider assigned to receive such referrals for the particular jurisdiction. The case manager or supervisor shall also furnish available background information and social history information on all youth referred. The case manager or supervisor shall attempt to obtain a signed Authorization for Release of Information Form from the youth to allow DJS to ascertain whether services were initiated and shall document notes in the Contact Module (case note record system) if services have been scheduled. ([Community Case Management Policy & Manual, CS-103-13](#), p.13) For each victim under DJS supervision identified as a victim of Domestic Minor Human Sex Trafficking victim, DJS will develop a Safety Plan in accordance with this directive.

Consultation and participation of units of local government. The state plan must provide for the active consultation with, and participation of, units of local government in the development of the state plan, taking into account their needs and requests (see 34 U.S.C. §§ 11133(a)(4)).

State Advisory SAG membership is representative of individuals from local, county, and state governments who provide input to and participate with State plan development, based on their experience as well as the experience of the individuals their organizations serve. The SAG will ensure that future plans and significant amendments to the current plan involve surveys of local governments to ensure the priorities of the SAG align with local needs. In addition, by fulfilling the roles of Chair and staff support to the Maryland's Children's Cabinet, the Office/designated state agency has direct access to each of Maryland's 24 Local Management Boards (LMB) and their feedback / community needs assessment data. This information is used

to set priorities for all work and funding administered by the Office, including the Title II program.